

Article 53.

Group Health Insurance Continuation and Conversion Privileges.

Part 1. Continuation.

§ 58-53-1. Definitions.

As used in this Article, the following terms have the meanings specified:

- (1) "Group policy" means a group accident and health insurance policy issued by an insurance company and a group contract issued by a service corporation or health maintenance organization or similar corporation or organization.
- (2) "Individual policy" or "converted policy" means an individual health insurance policy issued by an insurance company or an individual contract issued by a service corporation or health maintenance organization or similar corporation or organization.
- (3) "Insurance" and "insured" refer to coverage under a group policy, individual policy or converted policy on a premium-paying basis, and do not include coverage provided by reason of a disability extension.
- (4) "Insurer" means the entity issuing a group policy or an individual or converted policy.
- (5) "Medicare" means Title XVIII of the United States Social Security Act as added by the Social Security Amendments of 1965 or as later amended or superseded.
- (5a) "Member" or "employee" includes an insured spouse or dependent of a member or of an employee.
- (6) "Premium" includes any premium or other consideration payable for coverage under a group or individual policy.
- (7) "Reasonable and customary" means the most frequently used level of charge made for the supplies or for a specific service in the geographic subarea in which such supplies or services are received, of like kind or by physicians, or other practitioners, with similar qualifications. (1981, c. 706, s. 1; 1983, c. 142, s. 1; 1997-259, s. 10.)